

Morris, Manning & Martin, L.L.P.  
ATTORNEYS AT LAW

6000 Fairview Rd., Suite 1125  
Charlotte, North Carolina 28210

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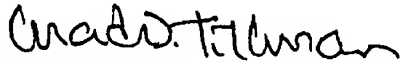
NAME: Examiner Ella Desta FAX NUMBER: 703-872-9318  
COMPANY: USPTO Art Unit 2857 TELEPHONE: \_\_\_\_\_

FILE NUMBER: 11061-36469 TOTAL PAGES (Including This One): 6  
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COMMENTS:

RE: US Patent Application No. 10/041,936

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/041,936	
	Filing Date	January 7, 2002	
	First Named Inventor	George Lane et al.	
	Art Unit	2857	
	Examiner Name	Ella Desta	
Total Number of Pages in This Submission	6	Attorney Docket Number	11061-36469

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-2038 authorizing \$110 extension of time fee
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Firm or Individual name	Morris, Manning & Martin, LLP Chad D. Tillman [38,634]	
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Date	September 5, 2003	

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)
In re Application of <b>George Lane et al.</b>		
Application Number <b>10/041,936</b>		Filed <b>January 7, 2002</b>
For <b>Work Order System</b>		
Art Unit <b>2857</b>		Examiner <b>Ella Desta</b>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ <u>110.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.		
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,634</u>		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>38,634</u>		
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<u>September 5, 2003</u> Date		<u>Chad D. Tillman</u> Signature
<u>704-554-5032</u> Telephone Number		<u>Chad D. Tillman</u> Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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